

# NOTICE OF RETIREMENT

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I hereby apply for my retirement benefits effective the first day of \_\_\_\_\_  
2003, under the following City of Marietta/Marietta board of Lights and Water Retirement Plan.

\_\_\_ **PLAN 4022 (OLD PLAN)** \_\_\_ **PLAN 4532 (CONSOLIDATED)** \_\_\_ **JMERS**

My last day of employment will be: \_\_\_\_\_

\_\_\_ Military \_\_\_ Sick Leave \_\_\_ Vacation \_\_\_ Holiday

## EMPLOYMENT STATUS

\_\_\_ Active \_\_\_ Terminated Vested \_\_\_ Beneficiary/Survivor

## RETIREMENT OPTIONS

\_\_\_ Normal \_\_\_ Unreduced Early \_\_\_ Delayed  
\_\_\_ Early \_\_\_ Disability \_\_\_ Death Benefit

## FORMS OF BENEFIT PAYMENT

\_\_\_ Single Life \_\_\_ Joint and Survivor \_\_\_ \*Social Security Option  
(Joint & Survivor Option Waiver)

\*Must provide the Pension Board with a benefit estimate from the Social Security Administration.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ BS. TELEPHONE #: \_\_\_\_\_

DEPENDENT HEALTH INS: \_\_ YES \_\_ NO COBRA INSURANCE: \_\_ YES \_\_ NO